

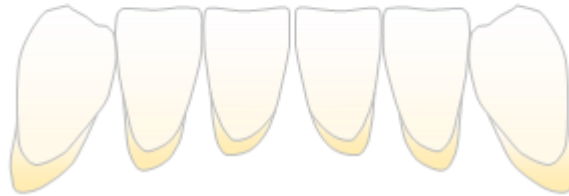
<i>Dr.</i>	<i>Bill to</i>	<i>Surgery</i>
<i>Patient</i>		
<i>Today is</i>	<i>Delivery Date</i>	

FIXED RESTORATION PRESCRIPTION FORM

Shade:



Die Shade:



Restoration:

- All on 4**
- Veneers** (Please specify Die Shade)
- Inlay/Onlay**
- Crowns/Bridges**
- Implant** (Please specify implant system and reference numbers)
- Other**

Material of framework: Zirconia e.max Other

